

NEW PEIA ACCOUNT INSTRUCTION MANUAL

Thank you for considering WV Public Employees Insurance Agency! This manual will help guide you through the process of enrolling your agency and employees.

First, your agency will need to provide the following information and documents to PEIA to verify your eligibility for participation:

- Number of regular full-time employees in your agency;
- Copies of your most recent financial statement and/or independent auditor's report;
- Funding statement which reflects that your agency receives a majority of its funding from one or more local government entities; or
- A photocopy of either the West Virginia Code section which provides for the establishment of your agency or documentation including Articles of Incorporation and By Laws, if applicable, which reflect that your agency was established by a local government entity.

PEIA may review the financial viability of your organization prior to approving your application.

Once your agency has been approved for participation with PEIA, your employees will need to enroll for their benefits. Instructions follow for enrolling for benefits online or by using paper forms.

Prior to enrollment, your agency should review the enclosed information regarding PEIA's benefits and premiums:

- The Shopper's Guide provides a quick look at plan benefits and monthly premium costs. Please refer to the top section of pages 30 and 31 for non-state agency rates. These are total rates which include the RHBT (Retiree Health Benefit Trust Fund) amount. The total amount, including the "PayGo," must be paid. The percentage paid by your agency and your employees respectively is decided by your agency's policies.
- The Summary Plan Description provides more detailed information on eligibility for and coverage provided through PEIA's PPB Plans.
- Minnesota Life Insurance book and rates sheet.
- Instructions to register and complete enrollment for benefits online.
- Enrollment forms and instructions.
- Sample Agency Memorandum.
- Sample Agency Agreement.
- OPEB explanation regarding GASB Statements 43 and 45.
- RHBT Opt Out/Hold Harmless Agreement.

Please note that all agencies are required to register and log in to Manage My Benefits at the official PEIA web site (www.wvpeia.com) in order to access employee transactions and premium account information, including monthly billing information. PEIA **does not** generate paper invoices or transmit them through the U.S. Mail or by any other means except online. Invoices are accessed on the Web Contributions Site through Manage My Benefits (part of the Benefits Administration System, or BAS).

Because online communication is the primary mode of completing your account tasks, and the only mode for making payments to PEIA, it is imperative that your agency assign a Benefit Coordinator (to assist employees in benefit enrollments and changes) and a Web Contributions Coordinator (to handle bill processing). These two coordinator roles can be assigned to one or more employees of your agency. Before an employee can be designated as a PEIA coordinator, they will be required to complete training on the basic policies, procedures, and responsibilities related to their position.

An employee designated as a PEIA coordinator should follow the enclosed instructions to register online in Manage My Benefits. They should register as a policyholder (as applicable), Benefit Coordinator and/or Web Contributions Coordinator. Once their registration has been validated through e-mail, they can print out the appropriate Designation Forms to become a coordinator. These forms need to be signed by the employee as well as the agency director and returned to PEIA before the coordinator role can be activated.

Training is also required for new coordinators. Please contact MickiAnne Henkels, PEIA Benefit Coordinator Liaison, at (888) 680-7342, Extension 52633, so that she may provide assistance with registration and arrange training for your agency's coordinators.

REGISTERING AND ENROLLING THROUGH THE PEIA MANAGE MY BENEFITS SYSTEM

Using PEIA's Manage My Benefits system, you can enroll for Basic, Optional, and Dependent Life insurance, as well as your health coverage. Your benefit coordinator should have provided you with:

- A copy of the PEIA Summary Plan Description,
- A Shopper's Guide that shows the premiums for all available plans,
- Instructions for acquiring the Summary of Benefits & Coverage, and
- The Life Insurance booklet.

If you didn't get a hard copy, the three books listed above are available on the PEIA website at www.wvpeia.com. Just click on Forms and Downloads.

Before you get started using the Manage My Benefits system, you'll need:

1. A working e-mail address. You may use an employer-provided e-mail, a personal e-mail account, or may set up a free e-mail account using a service like Gmail or Yahoo. Just please remember the e-mail address you use to register as you may need it for future access changes.
2. Names, addresses and, preferably, Social Security Numbers for individuals you intend to carry as dependents on your coverage(s) and/or name as beneficiaries of your life insurance policies (to receive the proceeds when you pass).
3. A user name and password you can remember; these cannot be your e-mail address.
4. Documentation substantiating any dependents you intend to enroll in the plan. For a list of the documentation we'll accept, see the Summary Plan Description.

If you've gathered all of that, please visit www.wvpeia.com and click on the Manage My Benefits button at the top right corner of the page. When you enter the Manage My Benefits site for the first time:

a. Click on "Need to Register"

Benefits Administration System (BAS) Web Application

Attention: Our Site Has Changed!
If this is your first visit to the site since September 15, 2011, you will need to [register](#) again.

— Please Log In —

[Need to Register?](#)

[Forgot your username or password?](#)

Username:

Password:

Login

Contact PEIA | Site Feedback | TESTING SITE
This site was designed for IE 8.0 and above. Other web browsers may not be supported.

- b. Select “I am applying for PEIA coverage for the first time”

Benefits Administration System
(BAS) Web Application

Login

New User Registration

Please select all that apply:

- ☐ I am applying for PEIA coverage for the first time.
- ☐ I currently have PEIA coverage (as a policyholder or dependent).
- ☐ I have previously had PEIA coverage (as a policyholder or dependent).
- ☐ I am the Benefit Coordinator and/or Web Contributions Coordinator for an agency.
- ☐ I am a member of PEIA Staff.

Continue

Contact PEIA | Site Feedback | TESTING SITE
This site was designed for IE 8.0 and above. Other web browsers may not be supported.

- c. Enter your information, accept the Web Usage Terms of Agreement, type in the Verification Code, and hit the “Continue” button.

Benefits Administration System
(BAS) Web Application

Login

New User Registration

— User Information —

First Name:

Last Name:

SSN:

Verify SSN:

Date of Birth:

Use Format: MMDDYYYY.

— Web Usage Terms of Agreement —

[\[Printer Friendly\]](#)

I understand that this portal allows access to and/or may collect personally identifiable information (pii) in an electronic format and that PEIA has put safeguards in place to ensure the privacy, security, and integrity of the information accessed and/or collected via this portal. If you have any questions, comments, and/or concerns about the privacy, security, and/or integrity of your pii, please feel free to contact the PEIA Privacy Officer at 304-558-7850.

To use this digital mark I agree:

1. That I will not share with any other person(s) the password, code or other security key required for use of the mark;
2. That the use of the mark represents confirmation of a record;
3. To notify the PEIA immediately once I become aware that the security key is compromised; and
4. That I understand that the provisions of W. Va. Code §61-3C-10 prescribe the penalties for the unauthorized disclosure of a password, identifying code, personal identification number or other confidential security information.


I hereby authorize the State of West Virginia hereinafter called STATE, to initiate health plan benefit changes for the policyholder named in the registration process as authorized by me, the user, via this

I have read and agree to the Terms of Agreement for Online Registration.

☒ **I Agree** ☐ **Disagree**

— Verification —



 **Verification**

Please enter the words you see in the box, in order and separated by a space. Doing so helps prevent automated programs from abusing this service.

- d. Create your user name (do NOT use your e-mail address as your user name) and password, enter your e-mail address, select and answer the 3 security questions, and hit “continue”

**Benefits Administration System
(BAS) Web Application**



New User Registration

Username & Password

This is what you will use to log into the Benefits Administration Web Application.

Username:



Password Strength



Password:

Verify Password:

 **Login Requirements**

Username:

- At least 4 characters in length
- Can contain letters or numbers

Password:

- Must contain at least 1 letter & 1 number.
- Must be 6-15 characters in length.

— Email Address —

Your email address will be used for communication regarding your web account and/or PEIA Benefits. Email addresses can not be shared between accounts (e.g., between a husband and wife who are both PEIA policyholders).

If you do not have an email address, check with your Internet Service Provider (ISP) as many provide free email accounts to their subscribers.

Email Address:

Verify Email:

? Email Address

To verify your email address was entered correctly, you will be emailed a validation link that you must click before you will be able to use the website.

— Security Questions —

If you forget your password, we will ask for the answer to your security questions.



- Enter an answer that is memorable, but not easy to guess.
- Answers should be a minimum of 4 characters long but not more than 30 characters.
- Enter answers that are not likely to change over time.

What was your childhood nickname?	<input type="text"/>
What was your childhood nickname?	<input type="text"/>
In what city did you meet your spouse/significant other?	<input type="text"/>
What is the name of your favorite childhood friend?	<input type="text"/>
What street did you live on in third grade?	<input type="text"/>
What is your oldest sibling's birthday month and year? (e.g., January 1900)	
In what city does your nearest sibling live?	

e. Once you have completed this, your account has been created, and you will see this screen:

Login

Benefits Administration System
(BAS) Web Application



Thank you!

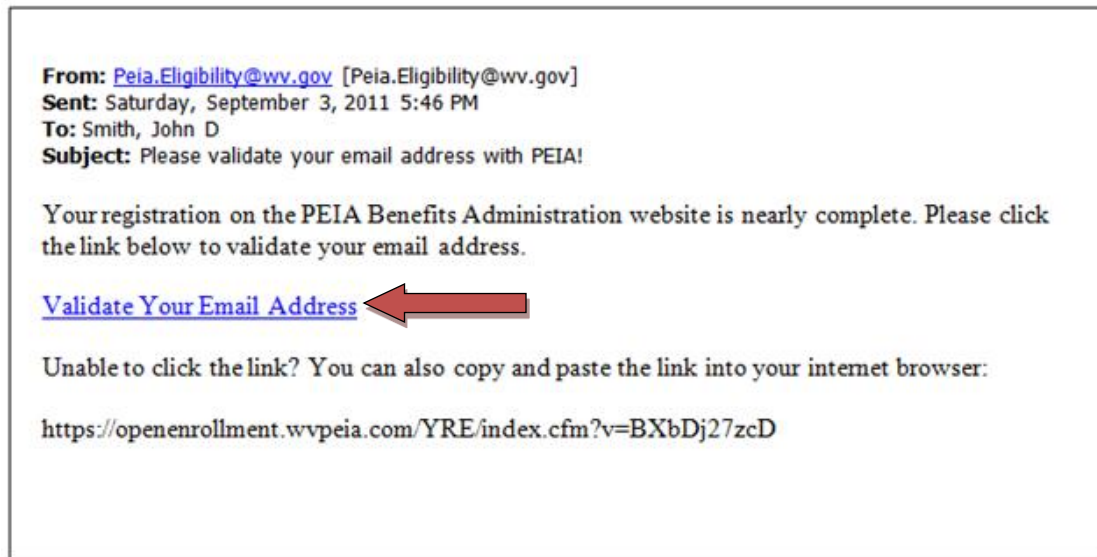
To ensure that your email address is correct and that you can receive email from PEIA, you must validate your email address. A validation email has been sent to **JOHNSMITH@DOMAIN.COM**.

[Wrong email address? Login with your new username & password to change it.](#)

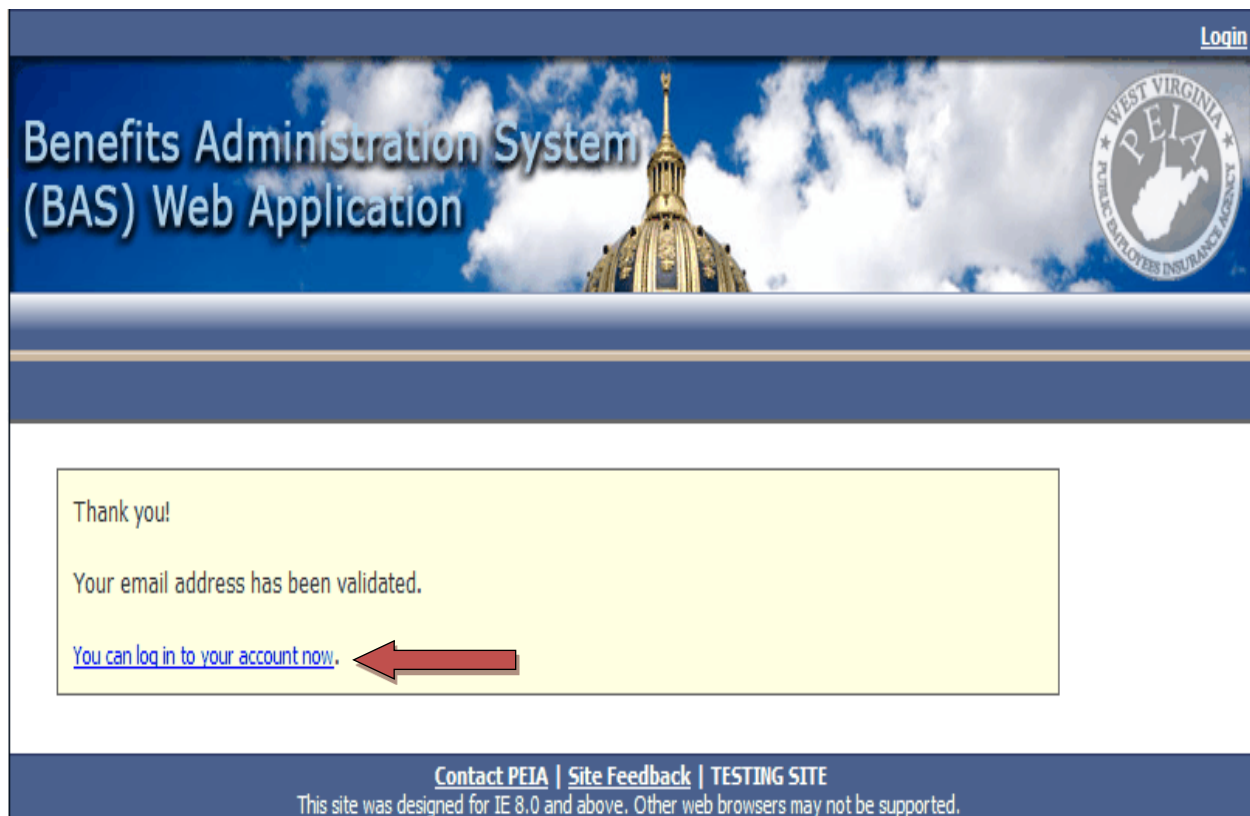
Before you will be able to fully use your online account, you must click the link provided in the email. You should receive the email within a few minutes, but it can take up to 24 hours.

Please make sure to check your spam/junk email filters. The email will be sent from **Peia.Eligibility@wv.gov**.

- f. The system will send you an e-mail to confirm your address. Click on the link in the e-mail:



- g. After validating your e-mail address, click on the link to log in and complete the registration process.




- h. Log in to your account with the user name and password you created earlier. You will then see this screen:

[Menu](#) [My Account](#) [Shopper's Guide](#)

Select Agencies

Policyholder: Your Employer

Only one employer can be associated with your Policyholder account. If you are unable to locate your Agency's name, please contact your Benefit Coordinator for assistance.




- i. Click on first letter of your agency name and then select the name of your employer from an alphabetical list. Please choose carefully! If you choose the wrong agency, it can delay the effective date of your insurance coverage!

Policyholder's Employer

All Agencies/Employers

Search Names:

 Search

-OR-

Name Begins With:

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4
5 6 7 8 9

Search Results:


ABC COMMISSION

ACCOUNTANCY, BOARD OF

ADDISON (WEBSTER SPRINGS), TOWN OF

ADJUTANT GENERAL

ADMINISTRATION, DEPT OF

 Instructions

You can search by Agency Name using the search box, or by clicking the starting letter to view the alphabetical list of Agencies.

Once you find the correct agency, click the agency name.

- j. You will then see a screen asking you to enter additional information. Click SAVE when finished.

Menu My Account Shopper's Guide

Policyholder Details

Please enter the required information below to continue establishing your New Employee/Policyholder account. **Bold** fields are required.

Employee Information

Hire Date:
Use format: MM/DD/YYYY (e.g. 09/09/2011)

First Name: John

Middle Initial:

Last Name: Deere

Date of Birth: 09/15/1981

Gender:

☐ Female ☒ Male

Contact Information

Address:

Address Continued:

City:

State:

County:

Zip/Postal Code: -

- k. You should then see a screen similar to this:

Select Role Welcome, Olivia! (Logout)

Benefits Administration System (BAS) Web Application

Menu My Account Shopper's Guide

Role Management

Active Roles

Policyholder 

Your Current Roles

Click the **Log In** button to log in as that role.

Add a New Role / Add an Agency or Employer to an Existing Role

Select Role(s) to Add:

 ☐ Benefit Coordinator

☐ Web Contributions Coordinator

Information

You can add a new role to your existing roles at any time, but all changes are subject to PEIA approval before they can be activated.

Add
Coordinator
Roles here

- l. The Manage My Benefits system will walk you through the enrollment process, offering all of the health and life coverage available. The first step is Basic Life insurance, since no coverage is available without the Basic Life. As you complete portions of your enrollment, new options will become available on the enrollment screen, until you've completed the entire process.

Logged In As: **Policyholder** Welcome, John! ([Logout](#))

Benefits Administration System (BAS) Web Application

[Enrollment Selection Menu](#) [My Account](#) [Shopper's Guide](#)

Coverage Options

Our records indicate that you currently do not have Basic Life Insurance coverage. You must have Basic Life Insurance to enroll for health insurance or Optional/Dependent Life Insurance coverage.

Would you like to enroll in Basic Life Insurance coverage?

Employee Ages	Coverage Amount
Under 65	\$10,000.00

Yes: ☒ No: ☐

[Save](#) [Cancel](#)

[Contact PEIA](#) | [Site Feedback](#) | [DEVELOPMENT SITE](#)
This site was designed for IE 8.0 and above. Other web browsers may not be supported.

- m. You must SAVE and FINALIZE each type of coverage separately as you complete each screen. You will be able to print out a summary of your choices using the “View My Pending Changes” button on the main menu once you have completed enrolling for your benefits.
- n. Once you've completed your online enrollment, the Manage My Benefits system will send an e-mail to your benefit coordinator notifying him/her. **You MUST take the documentation of your dependents' eligibility (see #5 above) to your benefit coordinator NOW.** Your benefit coordinator cannot approve your enrollment until he or she has documentation in hand. If you don't get your documentation turned in promptly, it could delay the start of your benefits!
- o. When your benefit coordinator has approved your enrollment, you will receive an e-mail letting you know it's done. If for some reason your benefit coordinator has to disapprove your enrollment, the system will send you an e-mail with the reason for the disapproval. You'll need to go back online or contact your benefit coordinator to fix whatever the problem is.

If for some reason you have to log out of the system in the middle of your enrollment, you can log back into the system later to complete your work. Just remember that you have the month you're hired and the following two months to make your selections. Coverage begins on the first day of the month following the date you complete your enrollment; if you wait too long, you could delay the effective date of your new coverage. If you do not enroll for coverage during the month you're hired or the following two months, you will have to wait until you have a qualifying event or until the next Open Enrollment.

Although PEIA prefers all transactions and enrollments be completed online in the Manage My Benefits System, if your agency has employees who are unable to access the online enrollment system, enrollment forms and instructions begin on the following page.

Basic Life Insurance Enrollment Form

Employees must enroll in Basic Life Insurance in order to carry health insurance, optional life insurance, and/or dependent life insurance. Basic life premiums are paid by the employer.

Agency Name: Your agency name as it appears on your PEIA monthly billing.

Agency Account Number: Your 9-digit account number as it appears on your PEIA monthly billing.

Date of Employment: Date Employee was hired or the **date he or she became benefit-eligible**.

Hours Worked Weekly: Number of hours the employee works each week.

Effective date of Coverage: When completing the form, enter the first day of the month following date of enrollment (the date the employee signs the forms and returns it to you to elect the coverage). Remember that the employee must be actively at work for coverage to begin.

Index Code: Leave blank.

Region: Leave blank.

Coverage Code: Mark with code **LB01** for basic life.

Authorized Signature: Your signature as the Benefit Coordinator.

Date: The date you sign the form. Forms should be signed immediately upon receipt from the policyholder.

State of West Virginia ★ Public Employees Insurance Agency
Basic Life Insurance Enrollment Form

BASIC
LIFE

Complete this form to enroll for PEIA basic life insurance coverage. Complete all sections of the form except the last section, "AGENCY", and return it to your benefit coordinator.

EMPLOYEE	Name (Last) (First) (MI) (Generation: Jr., Sr., etc.)		Social Security Number
	Street Address		County of Residence Home Phone ()
	City	State Zip	Job Title Work Phone ()
	Sex (Circle One) M F	Date of Birth (mm/dd/yyyy)	If you do not wish to participate in PEIA coverage, please sign this box and return this form to your benefit coordinator. I decline to participate in any PEIA coverage. Signature: Date:

BENEFICIARY	Please designate the beneficiary(ies) of this basic term life insurance policy in the space provided below. The life insurance amount will be distributed equally among all designated beneficiaries unless otherwise indicated. If unequal percentages are assigned to the beneficiaries, the share of any beneficiary who predeceases the employee will be distributed equally among all surviving named beneficiaries. If no beneficiary survives the employee, payment will be made in accordance with the terms of the policy. The name of the beneficiary should be fully spelled out, and written "Jane B. Doe," not "Mrs. John Doe" or "Mrs. J. A. Doe".				
	Beneficiary Name (Last, First, MI, Generation)	Beneficiary Address (Street, City, State, Zip)	Social Security #	Relationship To Insured	Distribution % <i>Total must equal 100%</i>

COVERAGE	Decreasing Term Benefit For Active Employees	
	The Basic Life Insurance offered by PEIA is decreasing term coverage, which means that the amount of life insurance decreases as you age. Here are the policy values for Active employees: Employee under age 65 \$10,000 Employee Age 65 but under 70 \$6,500 Employee Age 70 and over \$5,000	

AFFIDAVIT	Tobacco Affidavit
	Please mark which members of the family use tobacco and sign the acceptance box below. If none of the people enrolled on your PEIA coverage uses tobacco, you will receive the discount on your PEIA PPB Plan health coverage (if any) and optional life insurance premiums. I acknowledge by signing the Acceptance box below that WVPEIA or its agents have access to my medical records to check my tobacco use status. Who uses tobacco: <input type="checkbox"/> Policyholder <input type="checkbox"/> Dependent (spouse and/or children) <input type="checkbox"/> No Tobacco Users within the last six (6) months

ACCEPTANCE	I hereby accept the basic life insurance. I understand that the PEIA may change the types or levels of benefits or the amount of contribution. I certify that the above information is true and correct and understand that providing false information on this form is illegal and that those who provide false information may be prosecuted.
	Employee Signature: Date:

To Be Completed By The Employer:

AGENCY	Agency Name		Account Number	Date of Employment
	Hours Worked Weekly	Effective Date of Coverage	Index Code	Region Coverage Code
	I hereby certify that this information is true and this applicant meets the minimum eligibility requirements for the Public Employees Insurance Plan. Authorized Signature: Date:			

WHITE - PEIA

CANARY - Payroll Location

PINK - Employee

Revised July 2004

Health Benefits Enrollment Form

Employees may enroll for health insurance when your agency begins participation with PEIA, when they are newly hired, have a qualifying event, or during open enrollment. Non-state agencies participating with PEIA must offer employees a choice from all available plans.

Agency Name: Your agency name as it appears on your PEIA monthly billing.

Account Number: Your 9-digit number found on the monthly billing invoice.

Date of Employment: Date Employee was hired or the **date he or she became benefit-eligible**.

Hours Worked Weekly: Number of hours the employee works each week.

Effective date of Coverage: When completing the form, enter the first day of the month following date of enrollment (the date the employee signs the forms to elect the coverage). Remember that the employee must be actively at work for coverage to begin.

Index Code: Leave blank.

Region: Leave blank.

Coverage Code: Please use one of the codes below to indicate which plan the policyholder chose:

HI01	PEIA PPB Plan A
HI02	PEIA PPB Plan B
HI03	PEIA PPB Plan C
HI04	PEIA PPB Plan D
HMHP - A	Health Plan HMO Plan A
HMHP - B	Health Plan HMO Plan B
HMHP – C	Health Plan HMO Plan C

Enter one of the following letters **beside the Coverage Code** to show the tier of coverage the employee has selected:

P = Policyholder Only

F = Policyholder, Spouse and Children

C = Policyholder and Children Only

S = Policyholder and Spouse Only (generates same premium as Family)

A completed Coverage code could look like this: **HI01 – P**, or like this: **HMHP-B-F**.

Authorized Signature: Your signature as the Benefit Coordinator.

Date: The date you sign the form. Forms should be signed immediately upon receipt from the policyholder.

Please note that documentation is required for dependents (birth and marriage certificates, adoption papers, etc.). Documents should be submitted with the enrollment forms.

**State of West Virginia - Public Employees Insurance Agency
Health Benefits Enrollment Form**

HEALTH

Complete this form to enroll for health coverage. Complete all sections of the form except "AGENCY."

EMPLOYEE	Name (Last) (First) (MI) (Generation: Jr., Sr., etc.)		Social Security Number		
	Street Address		County of Residence	Home Phone ()	
	City	State	Zip	Job Title	
	Sex (Circle One) M F		Date of Birth (mm/dd/yyyy)	Other Insurance (Plan Name) If Any	
FAMILY INFORMATION	Do you wish to participate in the IRS Section 125 Premium Conversion Plan sponsored by PEIA, if available? YES <input type="checkbox"/> NO <input type="checkbox"/>				
	If you do not wish to participate in any PEIA health coverage, please sign this box and return this form to your benefit coordinator. I decline to participate in the health coverage.				
	Signature:		Date:		
	Is spouse currently insured by PEIA as a policyholder? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter spouse's Social Security Number: _____				
	Please complete the following information for all dependents who will be covered under your plan:				
	Name Last, First, MI, Generation)		Address (If different from above)	Relationship (Circle One)	Sex/ Category
				SP CH	
				SP CH	
				SP CH	
				SP CH	
CATEGORY for Dependent Child(ren): Relationship Code 1. Child (biological or adopted) 2. Step-child 3. Grandchild 4. Court-Ordered Dependent Child 5. Student (age 19-25) 6. Other In dependent column titled "Sex/Category", please include both gender and relationship code (e.g., M1 for Male Child; F3 for Female Grandchild; F25 for Female Step-child/Student, etc.). <i>If adding a dependent child other than your biological or adopted child, documentation is required showing legal guardianship of the child.</i>					
COVERAGE	COVERAGE SELECTION (Select One) I am enrolling for:		Please indicate the plan in which you are enrolling by checking the box beside the plan option you choose:		
	1 <input type="checkbox"/>	Employee Only	1 <input type="checkbox"/>	PEIA PPB Plan A	
	2 <input type="checkbox"/>	Employee/Child(ren) Only	2 <input type="checkbox"/>	PEIA PPB Plan B	
	3 <input type="checkbox"/>	Family	3 <input type="checkbox"/>	PEIA PPB Plan C	
4 <input type="checkbox"/>	Family with Employee Spouse	4 <input type="checkbox"/>	PEIA PPB Plan D		
AFFIDAVITS	5 <input type="checkbox"/> The Health Plan HMO Plan A		6 <input type="checkbox"/> The Health Plan HMO Plan B		
	7 <input type="checkbox"/> The Health Plan HMO Plan C				
	Tobacco Affidavit: Please mark which members of the family use tobacco and sign the form. If none of the people enrolled on your coverage uses tobacco, you will receive the discount on your health and life insurance premiums. I acknowledge by signing the Acceptance box below that WV/PEIA or its agents have access to my medical records to check my tobacco use status.				
	Who uses tobacco: <input type="checkbox"/> Policyholder <input type="checkbox"/> Dependent (spouse and/or children) <input type="checkbox"/> No Tobacco Users within the last six (6) months				
ACCEPTANCE	Living Will Affidavit: PEIA offers a premium discount to health policyholders who have executed a Living Will/Advance Directive. If you have a valid living will, please check the box beside the statement below and sign the form.				
	<input type="checkbox"/> By checking this box, I acknowledge that I have executed a valid Living Will or advance directive, and that I have discussed its contents with the appropriate parties, including my family and my health care provider.				
AGENCY	I hereby accept the group coverage I have indicated above. I understand that the PEIA may change the types or levels of benefits or the amount of contribution. I certify that the above information is true and correct and understand that providing false information on this form is illegal and that those who provide false information may be prosecuted. I hereby consent, for myself and my covered dependents, to the release to PEIA and to the plan I have selected, of all medical and prescription drug information needed to process claims, determine coverage, review utilization, investigate complaints, assess quality of care, evaluate plan performance or any other process involved in my treatment, payment of claims or health care operations.				
	Employee's Signature:		Date:		
	To Be Completed By The Employer:				
	Agency Name	Account Number	Date of Employment		
Hours Worked Weekly	Effective Date of Coverage	Index Code	Coverage Code		
I hereby certify that, to the best of my knowledge, the information contained herein is accurate. I further certify that the employee is a permanent full-time employee of this agency who meets the minimum eligibility requirements for the Public Employees Insurance Plan.					
Authorized Signature:		Date:			

Please send the original to PEIA

Revised April 2013

Optional and Dependent Life Insurance Enrollment Form (OPT)

Employees may enroll for optional and/or dependent life insurance when your agency begins participation with PEIA or when an employee is newly hired. This is the employee's **one opportunity** to get up to \$100,000 optional life insurance coverage **with no medical information** being required. Active employees may apply for up to \$500,000 total optional life insurance on themselves. Dependent life insurance covers spouses and qualified dependents, and the policy is payable to the policyholder (employee).

Agency Name: Your agency name as it appears on your PEIA monthly billing.

Account Number: Your 9-digit agency account number as it appears on your billing.

OPT Plan: Use the option code below based on the plan chosen by the employee.

Active Employee Plan Number	Option Code
Plan I	100
Plan II	200
Plan III	300
Plan IV	400
Plan V	500
Plan VI	600
Plan VII	650
Plan VIII	700
Plan IX	750
Plan X	800
Plan XI	900
Plan XII	950
Plan XIII	951
Plan XIV	952
Plan XV	953
Plan XVI	954

Plan XVII	955
Plan XVIII	956

If an employee chooses more than \$100,000 of coverage, he or she will be required to complete an Evidence of Insurability; a packet that will be sent to them by the life insurance carrier.

Dep. Plan: Use the option code below based on the plan chosen by the employee.

Dependent Plan Number	Option Code
1	100
2	200
3	300
4	400
5	500

Date of Employment: Date Employee was hired or the **date he or she became benefit-eligible**.

Effective date of Coverage: When completing the form, enter the first day of the month following date of enrollment (the date the employee signs the forms to elect the coverage). Remember that the employee must be actively at work for coverage to begin.

Authorized Signature: Your signature as the Benefit Coordinator.

Date: The date you signed the form. Forms should be signed immediately upon receipt from the policyholder.

SUBMITTING YOUR PAPERWORK

Once your agency has been approved for participation with PEIA, your employees should each complete:

- Basic Life Enrollment Form
- Health Benefits Enrollment Form
- Optional/Dependent Life Form (if they choose)

With these forms you will need to send copies of required documents to PEIA for processing.

To cover your **spouse**, submit a copy of the **marriage certificate**.

To cover a **dependent**, submit a copy of the **birth certificate, adoption papers, or court order** for guardianship.

Dependents may be covered up to the age of **26**.

Mail all enrollment forms and documents to:

PEIA Eligibility
601 57th. St., S.E., Suite 2
Charleston, WV 25304

If you have any questions, please contact PEIA at **888-680-7342**.

SAMPLE AGENCY MEMORANDUM

MEMORANDUM

TO: AGENCY NAME
FROM: PEIA REPRESENTATIVE
DATE: DATE
RE: Participation in PEIA Benefits Program

The West Virginia Public Employees Insurance Agency has received your resolution adopting the PEIA Benefits Programs.

Enclosed are two Participation Agreements, along with Summary Plan Description booklets, enrollment materials (i.e., basic and optional life enrollment forms and rate tables, etc.) necessary for enrollment of your employees. **Please read this information carefully.**

Both Participation Agreements must be signed by the Chairman or appointed authority of your governing body. Both signed agreements must be returned to this office prior to the effective date assigned to your agency. Upon receipt, the PEIA Director will sign and return a copy of the completed agreement to your agency for your records.

No agency will be enrolled without a complete Participation Agreement on file in this office. Failure to return said agreements before your designated effective date will result in a delay of insurance coverage.

The (DATE) of coverage for all employees electing enrollment in the WV Employee Benefit Plan is contingent upon the timely submission of the health and life enrollment forms.

Employee's enrollment forms received after the above referenced enrollment period will not become effective until the first of the month following the date PEIA received the enrollment form.

If it occurs that your agency has not submitted any insurance enrollment forms by the end of the designated enrollment date, coverage for your agency will not become effective until the following month or possibly later depending upon the receipt of the forms.

It is of the utmost importance PEIA receives these forms. As a forewarning, failure to comply may result in lapse in your employee's benefits.

The enrollment period of eligible employees will begin on (DATE), and end on (DATE). All employees who enroll during this period will be effective (DATE). You are assigned the account number of (NUMBER) for identification and accounting purposes.

To determine the enrollment and effective date of coverage for employees who enroll after the above date, please refer to your PEIA Summary Plan Description booklet or contact me in-state toll free at (877) 676-5573.

SAMPLE AGREEMENT

AGREEMENT

This Agreement, entered into this _____ day of _____, by and between the West Virginia Public Employees Insurance Agency, an agency of the State of West Virginia, hereinafter referred to as "PEIA" and _____, situated in _____ County, West Virginia, hereinafter referred to as "Agency".

Whereas, the PEIA is authorized by W. Va. Code §5-16-1 et seq., to offer a health benefit plan (hereinafter referred to as "PEIA Plan") to employees and retirees of the State of West Virginia and their eligible dependents and to employees and retirees of certain non-State governmental agencies and their eligible dependents (hereinafter referred to as "members"); and

Whereas, the Agency has requested that it be permitted to participate in the PEIA Plan; and

Whereas, the Agency has submitted certain documentation to the PEIA in order that the PEIA may evaluate the Agency's request to participate in the PEIA Plan; and

Now, therefore, for good and valuable consideration and the mutual covenants contained herein, the PEIA and the Agency do agree as follows:

1. The Agency agrees to remain in the PEIA Plan for a minimum of three years from the execution of this Agreement. The Agency further agrees that failure to comply with this provision forfeits any ability the Agency may have in the future to re-enroll in the PEIA Plan.
2. The Agency agrees that PEIA will be the exclusive major medical health plan offered to its employees during the entire term of this Agreement.
3. The Agency shall pay to the PEIA a fee of \$12.00 per enrolled employee as a fee for joining or being readmitted to participate in the PEIA Plan.
4. The Agency shall pay to the PEIA a non-refundable fee of \$50.00, per year, per enrolled employee to cover administrative expenses. Said fee shall apply at the time the employee is enrolled with the PEIA and shall be payable at such time as the charge appears on the Agency's monthly billing. The annual billing for administrative expenses will occur on July 1 of each year that the Agency participates in the PEIA Plan.
5. The Agency agrees that all outstanding premium balances or fees that exist as a result of previous membership in the PEIA shall be made current and fully resolved prior to the effective date of this Agreement.
6. The Agency agrees to make monthly premium payments no later than the 5th of the following month in the amounts set forth in Addendum A of this Agreement, or in such amended amounts as are approved by the PEIA Finance Board.
7. Failure of the Agency to make timely payments of any fees or premium payments provided for herein may result in a lapse of coverage for the Agency's PEIA members or unilateral termination of this Agreement by the PEIA with no advance notice by PEIA.
8. The Agency agrees that it shall conduct business with PEIA only through online electronic transactions on the PEIA Benefits Administration System (BAS) or other replacement system implemented by PEIA. Such transactions include, but are not limited to, billing, payment and eligibility data.
9. The PEIA agrees to provide to the Agency's PEIA members those benefits as are set forth in the PEIA Plan.
10. The Agency hereby agrees to give the PEIA prior written notice of its intent to withdraw from the Plan. Termination of this Agreement shall be effective on the last day of the next month following receipt of the notice (e.g., a notice received on June 15 will terminate the Agreement July 31).
11. The PEIA reserves the right to change or amend any fee or premium payment set forth herein as is approved by the PEIA Finance Board or any provision in its Plan in accordance with the applicable laws and regulations of this State. The PEIA shall provide the Agency with at least thirty (30) days' notice of any such amendments or changes before they are implemented.
12. The Agency acknowledges that, by law, the Agency is, through its participation in PEIA, also a participant in the W. Va. Retiree Health Benefit Trust to the extent the Agency has any present or future employees who are or will become eligible to receive PEIA Plan Benefits in their status as retirees of the Agency, provided that, regardless of an agency's participation status in the WV OPEB Plan, the Agency acknowledges it must pay the Minimum Annual Employer Payment (MAEP).
13. The Agency recognizes that W. Va. Code §5-16-22 requires that it pay to the PEIA for its retirees who participate in the PEIA Plan the same contributions as is paid by State agencies for their retirees, whether or not the Agency elects to remain with the PEIA for its active employees.
14. The Agency acknowledges that the basis for its participation in PEIA is its creation, ownership or control by West Virginia City or County Governments. The Agency accepts and agrees that should it ever become partially or wholly controlled or owned by individuals or entities which are not W. Va. City or County Governments, the Agency shall no longer be eligible to participate in PEIA and may be terminated by PEIA forthwith.
15. All notices provided for herein shall be sent by first class mail, postage pre-paid and addressed as follows:

WV Public Employees Insurance Agency
601 57th Street, SE, Suite 2
Charleston, West Virginia 25304-2345

16. The Agreement represents the full and complete understanding of the PEIA and Agency and shall be binding on the parties hereto and their successors.

West Virginia Public Employees Insurance Agency

By: _____
Ted Cheatham, PEIA Director

By: _____
(Name and Title)

OPEB EXPLANATION REGARDING GASB STATEMENTS 43 AND 45

Regarding: GASB 45 – Other Postemployment Benefits (OPEB)

The Public Employees Insurance Agency (PEIA), on behalf of the West Virginia Retiree Health Benefits Trust Fund (Trust), would like to offer this fact sheet to help provide affected employers a better understanding of the new reporting requirement known as “Other Postemployment Benefits” (OPEB).

Governmental Accounting Standards Board

The Governmental Accounting Standards Board (GASB) is the highest authority over the financial reporting of governmental entities. It is a private, non-partisan, non-profit organization that works to create and improve the rules U.S. governmental entities follow when accounting for their finances and reporting them to the public. When the GASB officially issues a Statement, any governmental entity that wants to follow Generally Accepted Accounting Principles (GAAP) must adopt it. GASB accounting rules must be followed in order to achieve a fair and proper presentation of the government’s financial condition and the results of its operations.

The GASB has issued Statement No. 43, “Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans,” and Statement No. 45, “Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions.”

The Background of OPEB

OPEB, as the name implies, is any benefit after employment that the employer provides its employees that is not a pension plan benefit. Historically, governmental entities, West Virginia entities included, have accounted for their cost of retiree health care on a “pay as you go” basis and have recognized the cost only when it is paid. However, with the release of GASB Statements 43 and 45, the “pay as you go” basis is no longer acceptable. Employers must now recognize the costs when the employees render their services and the benefit is earned.

The West Virginia OPEB Plan

Currently, PEIA retirees are charged premiums that only cover approximately 30% of their health care costs. The remaining 70% is paid through premiums charged for active PEIA policies. This 70% is commonly referred to as the “retiree subsidy”. This subsidy is also known as “pay as you go”, as mentioned above.

The West Virginia OPEB Plan offers its health insurance benefits through the following West Virginia employers:

- State government and its agencies;
- State-related colleges and universities;
- County boards of education;
- County and municipal governments; and
- Other employers as specified in WV Code §5-16-2.

A retired employee, as defined by WV Code §5-16-2, may elect to enroll in health coverage through PEIA if all eligibility requirements are met. PEIA specifies the health care benefit to be provided at retirement and, therefore, the retiree’s coverage is considered a defined benefit OPEB plan.

The West Virginia OPEB (WV OPEB) plan has been defined as a cost-sharing multiple employer plan, which is defined in Paragraph 40 of GASB 45 as follows:

Cost-Sharing Multiple-Employer Plan: A single plan with pooling (cost-sharing) arrangements for the participating employers. All risks, rewards, and costs, including benefit costs, are shared and are not attributed individually to the

employers. A single actuarial valuation covers all plan members, and the same contribution rate(s) applies for each employer.

Expense/Liability Recognition Requirements of Cost-Sharing Plans

In a cost-sharing plan, the contribution rate or amount charged to an individual employer may be higher or lower than the amount that would result from a calculation based on the projected benefits of only that employer's employees. Moreover, the obligation or commitment for benefits is not directly attributable to any individual participating employer.

Since the obligation of a cost-sharing plan cannot be broken out to apply to one single employer, the expense/liability recognition requirements for a cost-sharing plan are different than those of a single employer or agent plan. Specifically, Paragraph 23 of GASB 45 requires employers that participate in cost-sharing plans to "recognize annual OPEB expense/expenditures for their contractually required contributions to the plan in fund financial statements on the accrual basis or on the modified accrual basis, whichever applies for the fund(s) used to report the employer's contributions...."

Every employer that has promised its employees subsidized health care benefits upon retirement will incur OPEB costs each day that the employee works because retiree benefits increase. The new GASB Statements will allow for the expected future cost of retiree health care benefits (to the extent that they will be paid by the employer) to accumulate as follows:

A)	Amortization of Unfunded Actuarial Accrued Liability (UAAL) – The actuarial value of OPEB the employees have already earned (in prior years) recognized over a 30-year maximum period.	\$ XXXX
B)	Normal Cost – The actuarial value of OPEB that employees have earned during the current year.	<u>\$ XXXX</u>
	Total Annual Required Contribution (ARC)	<u>\$ XXX</u>

The Trust

In order to conform to the new GASB pronouncements as a cost-sharing plan, the WV OPEB plan has to be administered in a formal, pension-like trust fund. Due to this requirement, the West Virginia Legislature passed House Bill 4654, creating the Trust, in Chapter 5, Article 16D, of the W. Va. Code.

This Article also assigned PEIA with the administration of the WV OPEB plan. This includes the billing of the (ARC) for OPEB, just like that of the ARC by the Teachers or Public Employees Retirement Systems.

Annual Required Contribution

W. Va. Code §5-16D-6 requires PEIA to bill the entire ARC. The ARC will be billed per active health policy per month. Each employer will record OPEB expense equal to the billed ARC. To the extent that the employers do not pay the full ARC to the Trust, the employers will reflect the remaining liability in their financial statements.

Presently, PEIA is only required to collect the Minimum Annual Employer Payment (MAEP), which is a component of the total ARC. The MAEP includes the retiree subsidy (pay as you go).

The PEIA Finance Board sets the total ARC for the WV OPEB plan every year when the financial plan is developed. The ARC is determined by an actuarial valuation of the OPEB plan.

This amount is billed separately from the normal PEIA billing. Although GASB Statements require each employer to record the additional billing as a liability, they do not require pre-funding. Therefore, it will be up to each individual employer to

determine whether they wish to pay this amount or record it as a liability. See Attachment 1 for further explanation of this computation.

Participant of the WV OPEB Plan?

The determining factor of whether your agency is a participating employer in the WV OPEB plan is related to your retirement plan. If your agency is a member of, and contributes to, the West Virginia Consolidated Public Retirement Board, or your agency has a State approved or a State contracted retirement system, then you are a participating employer because your active employees are eligible for this plan if you join PEIA. You are a participant in the WV OPEB plan if you have any employees who are, or who will become eligible for PEIA coverage as retired employees.

If you believe you are none of the above because you do not have retirement benefits or your retirement plan does not meet the above classifications, you are not eligible for OPEB and will join for active membership only. If your agency is not a member of PERS but has an approved retirement plan, you may request to opt out of the WV OPEB plan by completing the attached hold harmless agreement. PEIA will then review this request and advise of its position.

Questions?

Please contact any of the following individuals for questions and they will be happy to assist you:

Jason A. Haught, CPA
PEIA/WV Retiree Health Benefits Trust Fund - Chief Financial Officer
(304) 558-7850, Ext. 52642

Larry A. Stover, CPA
PEIA/WV Retiree Health Benefits Trust Fund – PEIA Controller
(304) 558-7850, Ext. 52637

Jennifer Priddy, CPA
WV Retiree Health Benefits Trust Fund Controller
(304) 558-7850, Ext/ 52681

Retired Employees

Active employees who retire are eligible for PEIA health and life benefits, provided they meet the minimum eligibility requirements of the applicable State retirement system and if their last employer immediately prior to retirement: is a participating employer under the Consolidated Public Retirement Board (CPRB) and, as of July 1, 2008 forward, is a participating employer with the Public Employees Insurance Agency (PEIA). Active employees who, as of July 1, 2008, have ten years or more of credited service in the CPRB and whose employer at the time of their retirement does participate with CPRB, but does not participate with PEIA will be eligible for PEIA retiree coverage provided: they otherwise meet all criteria under this heading and their employer agrees, in writing, upon a form prescribed by PEIA, that the employer will pay to PEIA the non-participating retiree premium on behalf of the retiree or retirees, or that the retiree agrees to pay the entire unsubsidized premium themselves. Active employees who are members of the Teacher's Defined Contribution Retirement plan must be either: fifty-five years of age and have twelve or more years of credited service; or be at least sixty years of age with five years of service; and their last employer immediately prior to retirement must be a participating employer under that, or the CPRB system to qualify to continue PEIA insurance benefits upon retirement. Employees who participate in non-State retirement systems but that are CPRB system affiliated, contracted, or approved (such as TIAA-CREF and similar plans), or are approved, in writing, by the PEIA Director must, in the case of education employees, meet the minimum eligibility requirements of the State Teacher's Retirement System, and in all other cases meet the minimum eligibility requirements of the Public Employees Retirement System to be eligible for PEIA benefits as a retiree.

West Virginia Retiree Health Trust Participation (Retiree Trust)

The Retiree Trust is intended to address the Other Postemployment Benefits (OPEB) liability of employers with current or future retirees participating in the PEIA health plans. State law mandates that all employers with employees who are eligible or who will become eligible to participate in PEIA as retirees are MANDATORY participants in the Retiree Trust. (W. Va. Code §§5-16d-1 et seq.)

Non-State employers may opt out of the Retiree Trust ONLY upon a written Certification, under oath, to PEIA that the employer has no employees who are eligible or who will become eligible to participate in the PEIA health plan as retirees. The employer must also agree to defend and hold PEIA harmless from any and all claims by employees of the employer requesting PEIA coverage. PEIA will provide forms for non-State employers wishing to opt out of the Retiree Trust. PEIA will use the following policies in determining whether or not to accept an employer's opt out request.

WV OPEB Plan Participation Scenario and Policy Development Document

Table 1 is a list of various scenarios concerning participation in the WV OPEB Plan. All scenarios assume employers' participation with PEIA, as well as the retiree definition as of July 1, 2008. Table 2 is a list of policies corresponding to the various scenarios in Table 1.

Any employer that opts out of the WV OPEB plan, but remains in PEIA, must still contribute to the Trust at the minimum annual required payment (MARP) level, currently "paygo". When an employer opts out of the WV OPEB plan, they are opting out of retiree eligibility and the billing of the remaining ARC.

Table 1			
List of Scenarios Regarding Employer WV OPEB Plan Participation			
	CPRB Participating Employer	Retirees in PEIA Currently	Retirees in PEIA in past
Employer Wishes to Opt Out of WV OPEB Plan			
Scenario 1	Yes	Yes	Yes
Scenario 2	No	Yes	Yes
Scenario 3	No	No	Yes
Scenario 4	No	No	No
Scenario 5	Yes	No	No
Employer Wishes to Participate in WV OPEB Plan			
Scenario 6	No	No	No
Scenario 7	No	No	Yes
Scenario 8	No	Yes	Yes
Scenario 9	No	Yes	No
No Action From Employer			
Scenario 10	No	No	No
Scenario 11	No	No	Yes
Scenario 12	No	Yes	Yes
Scenario 13	No	Yes	No
Table 2			
Policies For Scenarios Regarding Employer WV OPEB Plan Participation			
Employer Wishes to Opt Out of WV OPEB Plan			
Scenario 1	Reject opt out request. Employer participates in both PEIA and CPRB.		
Scenario 2	Reject opt out request based on current PEIA retirees. Employer may be able to re-apply for opt out upon 5 years of no retiree participation in PEIA.		

Table 2 (continued)	
Scenario 3	<p>Approve opt out request if employer signs hold harmless agreement and the past retiree participation is now beyond 5 years from last retiree's termination from PEIA; or</p> <p>Reject opt out request based on past retirees. Employer may be able to re-apply for opt out upon 5 years of no retiree participation in PEIA.</p>
Scenario 4	Approve opt out request if employer signs hold harmless agreement.
Scenario 5	Reject opt out request. Employer participates in both PEIA and CPRB.
Employer Wishes to Participate in WV OPEB Plan	
Scenario 6	Approve, if Director approves retirement plan.
Scenario 7, 8 and 9	<p>Approve, if Director approves retirement plan; or</p> <p>Effective January 1, 2013, new retirees must have 10 years of service as of January 1, 2013 to be eligible and Agency will be removed from the WV OPEB plan upon 5 years from last retiree's termination date.</p>
No Action from Employer	
Scenario 10	<p>Advise of new law and request decision to apply for approval of retirement plan.</p> <p>Failure to submit and receive approval of retirement plan will result in removal from WV OPEB plan eligibility.</p>
Scenario 11, 12 and 13	Advise of new law and request decision to apply for approval of retirement plan. Advise they had been grandfathered due to past or present participation and, without approval of retirement plan, effective January 1, 2013, new retirees must have 10 years of service as of January 1, 2013 to be eligible or employer may request to opt out if there have been no retirees in the last 5 years and signs a hold harmless agreement.

Employer Withdrawal from PEIA

If a CPRB participating employer withdraws their active employees from PEIA, they may still be required to pay the non-participating premiums for their retirees remaining in PEIA; however, they will no longer be considered a participating employer in the WV OPEB. It will be the employer's responsibility to determine their OPEB expense and liability.

**West Virginia Retiree Health Benefit Trust Fund
Opt Out/Hold Harmless Agreement
And
Sworn Affidavit**

WHEREAS, West Virginia Law has made participation in the West Virginia Public Employees Insurance Agency available to certain non-State employers and to certain eligible employees and retired employees of those non-State employers; and

WHEREAS, certain non-State employers have, therefore, had or will have retired employees participating in the Public Employees Insurance Agency; and

WHEREAS, the national Governmental Accounting Standards Board (GASB) has issued a certain pronouncement (GASB 45) which requires that and dictates how employers account for the present and future cost of providing Other Post Employment Benefits (OPEB) to their retired employees; and

WHEREAS, the West Virginia Legislature has created in W.Va. Code §5-16d-1 et seq., the West Virginia Retiree Health Benefit Trust Fund to address the collective OPEB liability of employers with present or future retired employees participating in the West Virginia Public Employees Insurance Agency; and

WHEREAS, the West Virginia Public Employees Insurance Agency has been charged by the Legislature with administering the West Virginia Retiree Health Benefit Trust Fund on behalf of West Virginia Public Employees Insurance Agency Finance Board; and

WHEREAS, W. Va. Code §5-16-2 permits certain non-State employers to opt out of participation in the OPEB plan of the West Virginia Retiree Health Benefit Trust Fund, upon a written certification under oath, that the employer has no present or future retired employees who are or will become eligible for coverage by the Public Employees Insurance Agency.

NOW THEREFORE, in consideration of the ability to opt out of the OPEB plan and consistent with the provisions of W. Va. Code §5-16-2 and intending to be forever legally bound, the below-signed fully authorized representative of the below-designated non-State employer does, upon their sworn oath agree that:

1. They are duly authorized to enter this agreement on behalf of the below-designated non-State employer, and that the governing body of the non-State employer elects to opt out of the aforesaid OPEB plan;
2. The below-designated non-State employer does not now have any present or former employees that are eligible to participate in the West Virginia Public Employees Insurance Agency as "Retired Employees" as defined in W.Va. Code §5-16-2;
3. The below designated non-State employer does not have any former, present or future employees who will become eligible to participate in the West Virginia Public

Employees Insurance Agency as Retired Employees as that term is defined at W.Va. Code §5-16-2;

4. As mandated in W.Va. Code § 5-16-2, the below-designated non-State employer will forever and completely hold harmless and defend the West Virginia Public Employees Insurance Agency, the West Virginia Retiree Health Benefit Trust Fund, the West Virginia Public Employees Insurance Agency Finance Board, and the State of West Virginia (Collectively, the "State Entities") from any and all claims of any former, present, or future employee of said non-State employer or any of its affiliated entities, sub-divisions, or assigns which in any way relate to the assertion by the employee or employees that the State Entities must provide health, drug, or life coverage to the employee or employees as Retired Employees, of the non-State employer as that term is defined in W.Va. Code §5-16-2;
5. The below-signed fully authorized representative upon their sworn oath understands and agrees to all terms and statements contained in this document and understands that they are legally binding the below-designated non-State employer to those terms and statements;
6. That the below-designated non-State employer does and is permitted to opt out of the OPEB plan of the W. Va. Retiree Health Benefit Trust Fund.

Employees Insurance Agency as Retired Employees as that term is defined at W.Va. Code §5-16-2;

4. As mandated in W.Va. Code § 5-16-2, the below-designated non-State employer will forever and completely hold harmless and defend the West Virginia Public Employees Insurance Agency, the West Virginia Retiree Health Benefit Trust Fund, the West Virginia Public Employees Insurance Agency Finance Board, and the State of West Virginia (Collectively, the "State Entities") from any and all claims of any former, present, or future employee of said non-State employer or any of its affiliated entities, sub-divisions, or assigns which in any way relate to the assertion by the employee or employees that the State Entities must provide health, drug, or life coverage to the employee or employees as Retired Employees, of the non-State employer as that term is defined in W.Va. Code §5-16-2;
5. The below-signed fully authorized representative upon their sworn oath understands and agrees to all terms and statements contained in this document and understands that they are legally binding the below-designated non-State employer to those terms and statements;
6. That the below-designated non-State employer does and is permitted to opt out of the OPEB plan of the W. Va. Retiree Health Benefit Trust Fund.

AGREED to, taken, subscribed and sworn to on this _____, day of _____, 20____.

DULY AUTHORIZED SIGNATURE REPRESENTATIVE

Printed Name: _____

Signature: _____

Title: _____

Non-State Employer Name: _____

I, _____, a Notary Public of _____ County, do certify that the names signed to the writing above bearing date on the _____ day of _____ 20____, have this day acknowledged the same before me.

Given under my hand this _____ day of _____, 20____.

My commission expires: _____

AGREED TO: WEST VIRGINIA PUBLIC EMPLOYEES INSURANCE AGENCY

Printed Name: _____

Signature: _____

Title: _____

Date: _____